

APPLICATION FOR INTERMENT

Email: Cemeteries@ccc.govt.nz Phone: 941 8646 Post: PO Box 73054, Christchurch 8154

Deceased Details:			
Surname:		Maiden Name:	
First names:			
Last Known Address:			
Date of Death:		Place of Death:	Age:
Date of Birth:		Place of Birth:	Sex: Male / Female
Occupation:			Years in NZ:
RSA / Service Personal Information:			
Service No:	Rank:	Field of Ops:	Years of Service:
Next of Kin Details:			
Surname:		First Names:	
Address:			
Phone:		Mobile:	
Email:			
Relationship:		Signature:	
Special / Further Instructions:			
Interment Information:			
Cemetery:		Block:	Plot:
Day:		Date:	Time:
Casket Size:	Length:	Width:	Height:
Shaped / Oblong		Handles:	
Depth:	Single / Double	Ashes:	Lowering Device:
Tapes + bearers:			
Family attending:		Family to cover casket:	Family to fill in plot:
Family to fill in ashes:		Sexton attending:	Please provide shovels:
New Plot Purchase:		Pre-purchased Plot:	RSA Plot:
First Interment Details:			
Surname:		Surname:	
First Names:		First Names:	
Date of interment:		Date of interment:	
Funeral Director Details:			
Funeral Director (Name) Attending:			
Company:			
Who to invoice for interment:			
Council use Only:			
Day:		Date:	Time:
Council Signature:		Sextons signature:	
Trim:			
Plot/P \$	Interment \$	Low/D \$	Other fees \$
Total \$	Inv #	Receipt #	Entered:

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